

**OFFICE OF STATE TREASURER  
UNCLAIMED PROPERTY UNIT  
PO BOX 2114  
MADISON WI 53701**

IN THE MATTER OF

**DECLARATION OF HEIRSHIP**

\_\_\_\_\_  
Decedent

**UNDER OATH, I ANSWER THE FOLLOWING QUESTIONS:**

1. What is your name, address and relationship to the decedent?

Name

Address

Relationship

2. ☐ Decedent left a will dated \_\_\_\_\_ ☐ Decedent left a codicil dated \_\_\_\_\_ ☐ Decedent left NO will

3. If the decedent left a will, ☐ a copy of the will is attached OR ☐ I do not have a copy of the will but it is on file with the Probate Court of \_\_\_\_\_ County.

4. Was the decedent survived by a spouse? ☐ Yes ☐ No

If YES, give name: \_\_\_\_\_ Is spouse now deceased? \_\_\_\_\_.

5a. Did the decedent have any children, whether living or deceased, natural or adopted? ☐ Yes ☐ No

If YES, list ALL names (including yours): (If deceased, indicate date of death.)

Name of decedent's children

If deceased, date of death

Child's surviving spouse

5b. For each deceased child listed in 5a, list his or her name and the names of his or her children (living or deceased; natural or adopted). If the deceased child had no children, write NONE under "name of deceased child's child(ren)." If any of the deceased child's children are deceased, indicate the date of death of that child and the names of his or her descendants: (living or deceased; natural or adopted) ☐ **See attached schedules**

Name of deceased child in (5a)

Date of child's death

Name of deceased child's child(ren)

6. If there was or is a surviving spouse (regardless of whether the surviving spouse is still living), are all of the decedent's children listed in 5a also the children of the surviving spouse? ☐ Yes ☐ No

If NO, give details: \_\_\_\_\_

**Are there living persons listed in answers to questions 4 through 6?**

- If yes, skip questions 7 through 9. • If no, go to question 7.

7. Did the decedent leave surviving parents? ☐ Yes ☐ No If YES, list names:

Name

8a. If no surviving parent, did the decedent have brothers or sisters (living or deceased; whole blood, half blood, adopted)? 1 ☐ No ☐ Yes If YES, list all names: (If deceased, indicate date of death.)

Name of decedent's brothers or sisters

If deceased, date of death

Sibling's surviving spouse

8b. For each deceased brother or sister listed in 8a, list his or her name and the names of his or her children (living or deceased; natural or adopted). If any of his or her children is deceased, indicate the date of death of that child and the names of his or her descendants: (living or deceased; natural or adopted) ☐ **See attached schedules**

Name of deceased brother or sister  
in (8a)

Date of death

Name of deceased brother or  
sister children

9. If there are **no living persons** listed in questions 4 through 8, list names of maternal (mother) and paternal (father) grandparents and the descendants of any deceased grandparent and whether the person is living or deceased. Please continue listing children of deceased persons until a living person is named: ☐ **See attached schedule**

<u>MATERNAL</u>		<u>PATERNAL</u>	
Grandfather:		Grandfather:	
Grandmother:		Grandmother:	
Descendents:		Descendents:	

**ALL CLAIMANTS MUST SIGN THIS FORM AND HAVE IT PROPERLY  
ATTESTED BY A NOTARY PUBLIC (REGARDLESS OF CLAIM VALUE)**

**NOTARY PUBLIC**

Subscribed and sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_  
County/State

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**CLAIMANT**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Date